

# ALABAMA'S

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# HEALTH

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## Trauma registry collects and analyzes data from devastating head and spinal cord injuries

**H**ead and spinal cord injuries are among the most devastating health conditions and result in the loss of many productive years of life.

Act 98-611 of the Alabama Legislature created the Alabama Head and Spinal Cord Injury Registry, which since has been combined with the Alabama Traffic Injury Registry to form the Alabama Trauma Registry. Patient data captured includes age, sex, race, mechanism of injury, and protective equipment utilized.

The objectives of the registry are as follows:

- to refer head and spinal cord injury patients to rehabilitation programs
- to evaluate the true burden of disease
- to document distribution
- to evaluate injury control programs
- to facilitate state planning and research

After the legislation was passed in 1998, federal grant money was received from the Alabama Department of Economic and Community Affairs in October 1999. Two months later, data collection was initiated.

The registry was implemented in three phases and grew from seven hospitals which had preexisting trauma registries (Phase I), to 18 acute care facilities after this phase was implemented. Phase II hospitals consist of facilities that receive at least 50 traumatic brain/spinal cord injuries annually. Seven of the Phase II hospitals have experienced delays in submitting data. Phase III, the final phase, includes 87 more hospitals that are slated to begin sending data by Feb. 15.

Between fall 1999 and summer 2001, the confidential data set had accumulated 17,527 total records including



Angela Marr directs the Injury Surveillance Branch and the Alabama Trauma Registry.

5,379 head and spinal cord injury records. Links for data exchange have been established with the Alabama Department of Rehabilitation Services.

These data are being used to evaluate injury control programs, conduct program planning, improve the trauma system and for research.

### How can a trauma registry help?

“The registry can be used full circle in the public health model,” said Angela Marr, director of the Trauma Branch. She explained that in Louisiana, which has had a

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trauma registry for several years, there was an increase noted in the number of traumatic brain injuries among recreational all-terrain vehicle users.

“Epidemiologists then looked for a time cluster and found these injuries were clustered around hunting season,” she said. “Now they were able to see the incidence in time and geographic area and could do targeted followup in this one region.”

They found out the problem is among the hunters. While the message to use helmets on the road was being clearly followed, the incidence of injuries was spiking in this area.

Louisiana health officials developed specific educational material about the need for ATV users to wear helmets. This material was placed in hunting camps, locations where hunting licenses were purchased, and park and recreation areas. Health educators also took the community approach and spoke with organizations such as the Kiwanis clubs about this problem. The registry later indicated that once the intervention was conducted, the rates of traumatic brain injury in the state dropped.

For more information contact Angela Marr, director, Trauma Branch, Injury Prevention Division, Bureau of Health Promotion and Chronic Disease, RSA Tower Suite 900, P. O. Box 303017, Montgomery, Ala. 36130-3017, (334) 206-5563, e-mail [amarr@adph.state.al.us](mailto:amarr@adph.state.al.us).

## Youth Tobacco Survey shows improvement in smoking

The Youth Tobacco Survey of middle and high school students which found a decrease in smoking among young people was administered for the first time in Alabama in the spring of 2000.

Approximately 1,350 students in 87 schools participated in the survey, which included questions concerning tobacco use; purchase patterns; knowledge, attitudes, and beliefs about tobacco and its risks; awareness of and receptiveness to tobacco advertising; and other key topics. The self-reported results found:

- The proportion of students who have tried tobacco is greater among males compared to females across all grade levels and greater among white students compared to black students.
- The most common methods reported by high school smokers to obtain cigarettes included buying them from a store (36 percent), giving someone else the money to purchase the cigarettes (27 percent) and borrowing them from someone else (26 percent).

### Alabama Department of Public Health

#### Mission

To serve the people of Alabama by assuring conditions in which they can be healthy.

#### Value Statement

The purpose of the Alabama Department of Public Health is to provide caring, high quality and professional services for the improvement and protection of the public’s health through disease prevention and the assurance of public health services to resident and transient populations of the state regardless of social circumstances or the ability to pay.

The Department of Public Health works closely with the community to preserve and protect the public’s health and to provide caring quality services.

## ALABAMA’S HEALTH

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 Marion Wilford . . . . . Photographer

Informational materials in alternative formats will be made available upon request..

# ALL Kids Health Insurance Program is a valuable resource for families affected by plant closings

**A**LL Kids, Alabama's Children's Health Insurance Program, provides enrolled children from birth through age 18 with free or low cost health insurance coverage. Created by an addition of the Balanced Budget Act of 1997 and administered by the Alabama Department of Public Health, the Children's Health Insurance Program is still a fairly new program.

Many Alabama parents still do not know that this program exists or that their children may be eligible. Information about ALL Kids is especially important to know because of the current economic downturn and increased employee layoffs and plant closings.

The Children's Health Insurance Program works closely with the Alabama Department of Economic and Community Affairs (ADECA) and its Rapid Response Team. When ADECA is called in to assist with employees at plants that are closing, regional CHIP coordinators are available to attend these meetings, give information and answer any questions about the children's health insurance options that are available to parents.

When layoffs occur the family typically loses much more than just the paycheck. The loss of health insurance coverage can put a family into a crisis especially if a child has a special health care need. Often, some of the employees will be relocated, retrained or find other employment before the plant-supplied insurance runs out; however, this isn't the case for thousands of employees in Alabama.

In Alabama, ALL Kids, SOBRA Medicaid and the Alabama Child Caring Foundation have worked together to create a joint application form. This eases the burden on the family by allowing them to apply to one program and be considered for the three child health insurance programs available.

If approved, 12 months' continuous health insurance coverage begins on the first day of the month after the application is received. Benefits provided by the ALL Kids Children's Health Insurance Program include well child check-ups and immunizations, sick child doctor visits, prescriptions, vision and dental care, hospital and physician services and limited mental health and substance abuse benefits. Coverage is provided statewide by Blue Cross Blue Shield of Alabama and UnitedHealthcare (in 14 selected counties) and uses their preferred provider networks.

Eligibility for ALL Kids is in part based on family size

and income. Other eligibility requirements for children and teens include being a U.S. citizen and an Alabama resident, not in an institution, and not eligible for or enrolled in Medicaid or eligible for dependent coverage under any of the state employees' insurance programs.

For more information, the ALL Kids Children's Health Insurance Program can be reached toll free by calling 1-877-774-9521. For enrollment questions or to request an application, call the ALL Kids toll-free hotline at 1-888-373-KIDS (5437). Spanish is spoken.

Information is also available on the Alabama Department of Public Health website at <http://www.adph.org/allkids> where applications in both English and Spanish can be downloaded and printed out. Applications can also be picked up at county health departments and many other health and community agencies.

Listed here is contact information for the regional directors and coordinators:

## NORTHERN CHIP REGIONAL DIRECTOR, NORTH

Ava Rozelle  
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### *Regional Coordinators*

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Coverage area: Bibb, Fayette, Greene, Lamar, Pickens, Tuscaloosa

*ALL Kids.....continued on page 4*

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## SOUTHERN CHIP REGIONAL DIRECTOR, SOUTH

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Coverage area: Baldwin, Butler, Clarke, Conecuh,  
Covington, Escambia, Monroe, Washington

Connie Jenkins  
Public Health Area 10  
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Dothan, Ala. 36302-2087  
(334) 678-2800-office  
(334) 678-2802-fax  
E-mail: [ConnieJenkins@adph.state.al.us](mailto:ConnieJenkins@adph.state.al.us)  
Coverage area: Barbour, Coffee, Crenshaw, Dale, Geneva,  
Henry, Houston

*By KNOXYE WILLIAMS*

# Alabama earns a C on oral health, 2001 report card shows

**A**labama and the U.S. each received Cs in oral health on a national report card released by the advocacy group Oral Health America. State-based efforts to reduce the number of Alabama children who suffer from poor oral health and its consequences helped to boost the state's overall oral health grade to a C, up from a D in 2000. The nation received its lowest grades in areas concerning prevention and access to care.

"We in Alabama cannot underestimate the importance of good oral health," said Dr. Stuart A. Lockwood, Director of the Oral Health Branch of the Bureau of Family Services. "We can make great strides in improving oral health by increasing support for proven preventive measures and by working to ensure that more children and adults see a dentist on a regular basis."

The report card signifies new possibilities for the future as well as highlighting widespread unmet dental needs, according to Dr. Lockwood. Alabama was one of eight states which hired a state dental director in the past year, an important step in supplying vital leadership at the state level to make progress in improving oral health for children and adults.

While access to dental care remained a problem nationwide, Alabama improved its grade for its Medicaid program from an F last year to a C minus this year thanks to the state's Smile Alabama! Initiative announced by Gov. Don Siegelman in October 2000.

As a result, says Dr. Mary McIntyre, Associate Medical Director of the Alabama Medicaid Agency, and head of its dental program, 135 new dentists are enrolled as Medicaid providers and there has been an increase of 20,000 in the number of children who received dental care in the past year. Of the state's 1.2 million children and young people under age 21, nearly 400,000 qualify for dental services through Medicaid.

The Children's Health Insurance Program (ALL Kids), established in 1998, provides health care for an additional 42,000 children statewide. Approximately 60 percent of ALL Kids enrollees have accessed at least one dental service. According to Dr. Don Williamson, Alabama's state health officer, in excess of \$12.7 million (approximately 15 percent of total benefits paid) was spent on dental services since the program began.

Dr. Williamson indicated that one of the reasons for success with ALL Kids is that the program has a broad panel of dentists in the provider network. He further indicated, "While we recognize that Alabama has a way to

go before reaching optimal dental care for all of its citizens we are making tremendous strides in some areas of dental care and access through the Smile Alabama! Initiative, ALL Kids and other collaborative efforts."

Alabama's grade for the proportion of adults who visited a dentist in the past year was a C plus overall (61 percent of all adults), but was an F for low-income adult populations (only 33 percent of this group visited a dentist). Most states had one-third or more people who did not visit a dentist at least once last year.

In terms of prevention, Alabama had mixed grades. It received a B for efforts in community water fluoridation (82 percent of the state's population on public water benefit from fluoridation), but a D for dental sealants as no more than one-third of the state's third-graders have a sealant.

Nationwide, 10 states received Fs for community water fluoridation and only two states received a grade as high as a B minus for dental sealants. Too few communities have taken advantage of these cost-effective prevention measures.

Oral health awareness clearly has increased during the past year. In Alabama, initiatives by several state agencies, including the Alabama Medicaid Agency, the Alabama Department of Public Health, and the University of Alabama School of Dentistry, in collaboration with dental organizations in the state including the Alabama Dental Association, the Alabama Dental Society, the Alabama Academy of Pediatric Dentistry and the Alabama Academy of General Dentistry, are addressing access to dental care, oral health promotion and oral disease prevention.

"For optimal oral health for children and adults in our state, it will require everyone, not just the dental community," said Dr. Lockwood. "Parents, teachers, other health professionals, business, industry and the public are all needed to improve our state's oral health. Much work remains, but it is good to see this progress in the past year."

Oral Health America is a national dental health advocacy organization dedicated to improving oral health. The report card was funded in part from the Robert Wood Johnson Foundation.

In observance of February as National Children's Dental Health Month, try to learn more about children's oral health by taking the quiz on page 11. This will test your knowledge about simple steps for preserving kids' smiles.

# Town hall meetings held to generate ideas on increasing physical activity in communities

**M**any Alabama children are living a Nintendo lifestyle of playing with video games and “supersizing” on fast food instead of enjoying outdoor play after school. By exercising less and eating more they are becoming obese at an alarming rate, with 20 percent of youth being overweight. The occurrence of Type 2 diabetes and hypertension is increasing in children, and the U.S. Surgeon General calls obesity an epidemic.

What can be done to reverse this disturbing trend? The public was invited to offer suggestions on what should be done in communities to enhance physical activity. A series of eight town hall meetings was held across the state to hear suggestions on what should be done to motivate people to engage in physical activity.

The hour-long meetings were led by Pete Conroy, director of the Jacksonville State University Environmental Policy and Information Center, and chairman of the Governor’s Environmental Commission.

Conroy said, “Alabama is eating more and walking less, yet walking is one of the easiest and most effective ways I know of staying healthy and fit.” Further, Conroy advocates the use of Alabama’s walking trails for the sake of better health. He and his family often hike the Chief Ladiga Trail, a 35-mile long bicycling/walking path opened on a former railroad bed.

“Alabama has one of the most active outdoor trail programs in the nation, and maybe it’s because our trails are so interesting,” Conroy added. “Alabama’s trails are a great tool for enhancing physical activity.”

Many creative ideas were expressed and recorded to address this problem, such as changing the name “physical education.” Funding for physical education programs and teachers was discussed, along with proposed legislation. A bill before the Alabama Legislature would require physical education for all grades of school. A national survey found that in 1991 42 percent of children in ninth through twelfth grade participated in daily physical education classes, but by 1997 only 27 percent did.

The meetings were intended to attract community and civic organizations, elected or appointed officials, citizens, youth, health professionals, teachers, PTO/PTA members, school counselors, outdoor exercisers and anyone interested or concerned about youth obesity and physical inactivity.

Meetings were held in Birmingham, Dothan, Huntsville, Jacksonville, Mobile, Montgomery, Opelika



Dr. Jack Hataway leads discussion at the Montgomery town hall meeting.

and Tuscaloosa.

Sponsors of this initiative were the Governor’s Commission on Physical Fitness, the Governor’s Environmental Commission, the American Heart Association, the State Department of Education, the Alabama Department of Public Health, the Alabama Cooperative Extension System, Auburn University at Montgomery, AUM Physical Education Department, Jacksonville State University Environmental Policy and Information Center, Alabama State Association for Health, Physical Education, Recreation and Dance.

For further information contact Ronnie Floyd, Governor’s Commission on Physical Fitness, 334-242-4496, or Dr. Jack Hataway, Chronic Disease Prevention Division, Bureau of Health Promotion and Chronic Disease, 334-206-5616, e-mail [jhataway@adph.state.al.us](mailto:jhataway@adph.state.al.us).

## Healthy People 2010-related research is just a click away!

According to the Public Health Foundation, here's a fast way to find articles with evidence-based strategies to achieve national health promotion objectives.

Healthy People 2010 Information Access Project - Partners in Information Access for Public Health Professionals

<http://nmlm.gov/partners/hp>

This makes it easy to search PubMed for scientific journal articles related to achieving selected Healthy People 2010 objectives. A single click retrieves articles geared to 32 objectives in the following topics: Access to Quality Health Services, Disability and Secondary Conditions, Food Safety, Public Health Infrastructure, Respiratory Diseases, and Environmental Health (see list of searchable objectives below). It also includes links to relevant community and clinical preventive service guidelines and MEDLINEplus topics.

PubMed is a National Library of Medicine database that provides access to over 11 million citations from MEDLINE and other life science journals. Expansion of the pilot site is planned - please give your feedback at <http://nmlm.gov/partners/hp/feedback.html>.

Preformulated search strategies are available for the following Healthy People 2010 objectives:

### Access to Quality Health Services

- 1-1 Persons with health insurance
- 1-3a Counseling about health behaviors: smoking cessation
- 1-3g Counseling about health behaviors: STD prevention
- 1-4 Source of ongoing care
- 1-8 Racial and ethnic representation in health professions

### Disability and Secondary Conditions

- 6-1 Standard definition of people with disabilities in data sets
- 6-2 Feelings and depression among children with disabilities
- 6-6 Satisfaction with life among adults with disabilities
- 6-10 Accessibility of health and wellness programs

### Environmental Health

- 8-1 Harmful air pollutants
- 8-5 Safe drinking water

Healthy people.....continued on page 8

## The benefits of regular physical activity

Regular physical activity that is performed on most days of the week reduces the risk of developing or dying from some of the leading causes of illness and death in the United States. Regular physical activity improves health in the following ways:

- Reduces the risk of dying prematurely.
- Reduces the risk of dying from heart disease.
- Reduces the risk of developing diabetes.
- Reduces the risk of developing high blood pressure.
- Helps reduce blood pressure in people who already have high blood pressure.
- Reduces the risk of developing colon cancer.
- Reduces feelings of depression and anxiety.
- Helps control weight.
- Helps build and maintain healthy bones, muscles and joints.
- Helps older adults become stronger and better able to move about without falling.
- Promotes psychological well-being.

From *Physical Activity and Health At-A-Glance*, A Report of the Surgeon General and the Alabama Governor's Commission Task Force.

## Retirees

The following employees have retired effective Feb 1.

**Jane Burt** - Public Health Area V

**Lola Fair** - Butler County Health Department

**James Merritt** - Russell County Health Department

**Camille Myatt** - Choctaw County Health Department

**Nancy Snider** - Chambers County Health Department

# Healthy people.....continued from page 7

- 8-6 Waterborne disease outbreaks
- 8-11 Elevated blood lead levels in children
- 8-16 Indoor allergens
- 8-18 Homes tested for radon
- 8-21 Disaster preparedness plans and protocols
- 8-22 Lead-based paint testing
- 8-29 Global burden of disease
- 8-30 Water quality in the U.S.-Mexico border region

## Food Safety

- 10-1 Foodborne infections
- 10-3 Antimicrobial resistance of Salmonella species
- 10-5 Consumer food safety practices
- 10-6 Safe food preparation practices in retail establishments
- 10-7 Organophosphate pesticide exposure

## Public Health Infrastructure

- 23-5 Data for Leading Health Indicators, Health Status Indicators, and Priority Data Needs at Tribal, State, and local levels
- 23-10 Continuing education and training by public health agencies

- 23-11 Performance standards for essential public health services

- 23-16 Data on public health expenditures

## Respiratory Diseases

- 24-2, 24-3 Hospitalizations and hospital emergency department visits for asthma

- 24-6 Asthma patient education

- 24-7a/24-7c Appropriate asthma care: written asthma management plans, education on signs and symptoms

- 24-8 Asthma surveillance systems

For information on other topics check

[www.health.gov/healthypeople/healthfinder/](http://www.health.gov/healthypeople/healthfinder/)

Searchable Healthfinder® topics are organized by Healthy People 2010 focus area. Find links, descriptions, and contact information for government agencies, national clearinghouses, non-profit organizations, universities and others that provide relevant resources.

*This message is a service of the Public Health Foundation, [www.phf.org](http://www.phf.org), 202-898-5600.*

## Commendations

**H**ealth department employees who are listed here have received letters of commendation recently. To recognize other employees, please send letters through your supervisors or the state health officer to *Alabama's Health*.

Susan Albertolli, R.N.  
Monroe County Health Department

from Clara Billingsley  
Brewton, Ala.

Mike Cash  
Curtis Franklin  
Bradley Grinstead  
Nick Swindall  
Terry Williams  
Radiation Control

from Lawrence E. Nanney  
Nashville, Tenn.

Sue Parker  
Dottie Strickland  
Health Provider Standards

from Melody H. Farley, R.N.  
Moulton, Ala.

David Walter  
Radiation Control

from George Pangburn  
King of Prussia, Pa.



# Speaking of Retirement - DROP

- Q.** I have 26 years of creditable service and am age 53. May I enter DROP?
- A.** No. You must meet all the following requirements to begin participating in DROP:
- \* Have at least 25 years of creditable service exclusive of sick leave
  - \* Be at least 55 years of age (52 years of age for State Police)
  - \* Be eligible for service retirement
- Q.** How long must I participate in DROP to receive monies from my DROP account?
- A.** Participation in DROP may be made in one-year increments, neither to exceed five years nor to be less than three years.
- Q.** May I change my retirement option once I have elected to participate in DROP?
- A.** No. The retirement option you elect at the beginning of participation in DROP is irrevocable.
- Q.** When may I make my election to participate in DROP?
- A.** Anytime after you are eligible to participate. The application must be made at least 30 days, but not more than 90 days, before the effective date of participation in DROP.
- Q.** Whom do I need to contact to request more information about DROP and the application process?
- A.** For members of the Employees' Retirement System, call 1-800-214-2158, extension 399. For members of the Teachers' Retirement System, call 1-800-214-2158, extension 499. An information booklet and the necessary forms will be available by March 1.
- Q.** Do I still have to contribute a percent of my salary to the Retirement System of Alabama while participating in DROP?
- A.** Yes. Once you have fulfilled your contractual obligation, the accumulated contributions will be returned to you plus interest.
- Q.** What will be included in my DROP account?
- A.** Your monthly retirement benefit will be calculated when you elect to participate in DROP based on the retirement option you elect. This amount will be placed into your DROP account and will earn interest at the same rate as active member accounts (currently 4 percent). Also included will be your accumulated contributions paid in during participation in DROP plus interest.
- Q.** Once I fulfill my contractual obligation in DROP, what will my benefits be?
- A.** You will receive a lump-sum payment from your DROP account equal to all DROP contributions plus interest; accumulated contributions made during DROP plus interest; and begin to receive your monthly retirement benefit, which may be recalculated to include sick leave accrued at the time of your election to participate in DROP.
- Q.** What happens to my DROP account if I become disabled during the first three years of participation in DROP?
- A.** Involuntary termination, disability or involuntary transfer of spouse before fulfillment of obligation will result in a lump-sum payment of DROP contributions plus interest; accumulated contributions made during DROP plus interest; and your monthly retirement benefit, which may be recalculated to include sick leave accrued at

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# DROP.....continued from page 9

the time of your election to participate in DROP.

**Q.** What happens to my DROP account if I voluntarily terminate my employment before completing at least three years under DROP?

**A.** You will not be entitled to a lump-sum payment of DROP benefits. However, you will receive the accumulated contributions made during DROP participation plus interest. Your monthly retirement benefit will begin as determined at participation date.

**Q.** What happens to my DROP account if I die during DROP participation?

**A.** Your beneficiary will receive a lump-sum payment from your DROP account of DROP contributions plus interest; accumulated contributions made during DROP plus interest; and any benefits based on the option elected by the member when he or she entered DROP. No death before retirement benefits will be paid. However, for full-time members of the Teachers' Retirement System, a \$15,000 term life insurance benefit will be paid to their beneficiary.

**Q.** What happens to my DROP account if I continue to work after DROP?

**A.** Your DROP account will continue to earn interest until you finally withdraw from service. You will continue actively contributing to the Retirement System and resume earning creditable service. However, DROP participation does not count toward membership service.

**Q.** What happens to my DROP account when I retire after post-DROP employment?

**A.** You will receive a lump-sum payment from your DROP account plus interest; accumulated contributions made during DROP plus interest;

and your monthly retirement benefit, which may be recalculated to include sick leave accrued at the time of your election to participate in DROP. Additional retirement will be based on the additional service and computed in the same way your monthly benefit was computed at participation date. Additional service years cannot be added to any prior service.

**Q.** What happens if I die or become disabled during additional service?

**A.** You will be considered retired on the date of death or disability. Benefits will be paid the same as if you had died during DROP participation. No death before retirement benefits will be paid.

Please refer to our Web site at HYPERLINK "<http://www.rsa.state.al.us>" for further information on DROP.

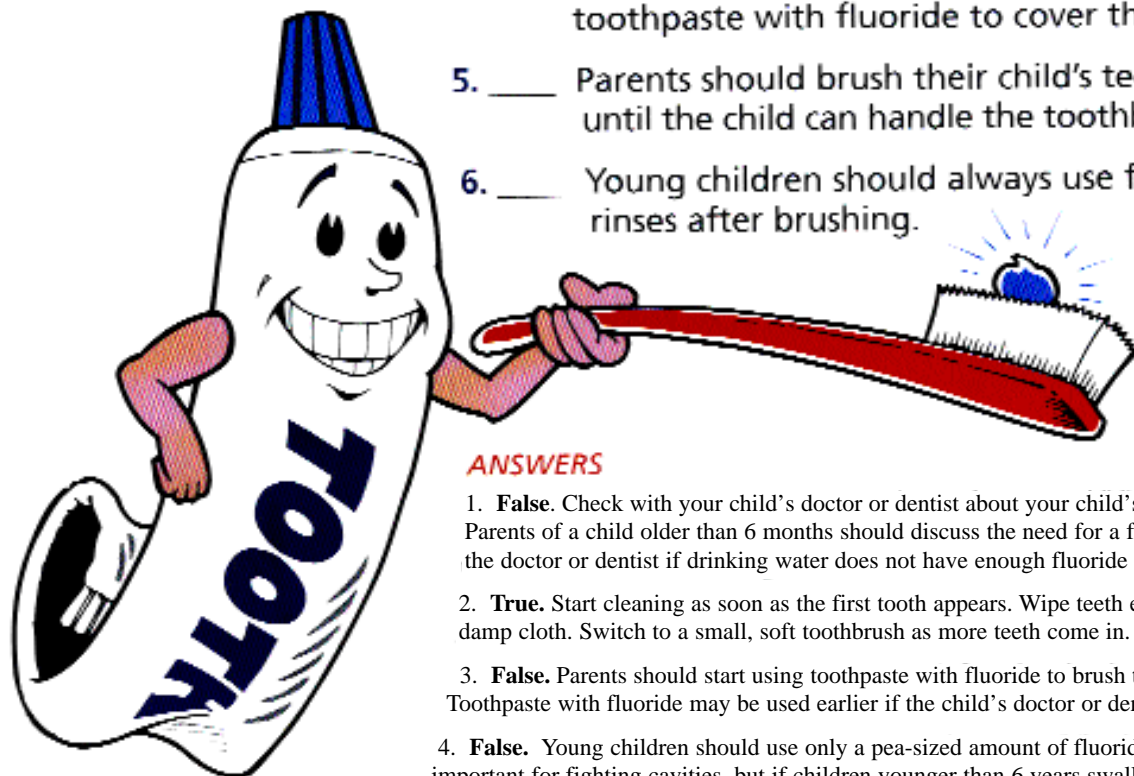
*Prepared by the Communications staff of the Retirement Systems of Alabama. To have your questions answered in "Speaking of Retirement," please address them to Mike Pegues, Communications, Retirement Systems of Alabama, 135 South Union St., P. O. Box 302150, Montgomery, Ala. 36130-2150.*

# Brush Up on Healthy Teeth

## *A Quiz for Parents About Simple Steps for Kids' Smiles*

Learn more about keeping your child's teeth healthy with this true or false quiz.

1. \_\_\_ All children older than 6 months should receive a fluoride supplement every day.
2. \_\_\_ Parents should start cleaning their child's teeth as soon as the first tooth appears.
3. \_\_\_ Parents should start brushing their child's teeth with toothpaste that contains fluoride at age 3.
4. \_\_\_ Children younger than 6 years should use enough toothpaste with fluoride to cover the toothbrush.
5. \_\_\_ Parents should brush their child's teeth twice a day until the child can handle the toothbrush alone.
6. \_\_\_ Young children should always use fluoride mouth rinses after brushing.



### ANSWERS

1. **False.** Check with your child's doctor or dentist about your child's specific fluoride needs. Parents of a child older than 6 months should discuss the need for a fluoride supplement with the doctor or dentist if drinking water does not have enough fluoride to help prevent cavities.
2. **True.** Start cleaning as soon as the first tooth appears. Wipe teeth every day with a clean, damp cloth. Switch to a small, soft toothbrush as more teeth come in.
3. **False.** Parents should start using toothpaste with fluoride to brush their child's teeth at age 2. Toothpaste with fluoride may be used earlier if the child's doctor or dentist recommends it.
4. **False.** Young children should use only a pea-sized amount of fluoride toothpaste. Fluoride is important for fighting cavities, but if children younger than 6 years swallow too much fluoride, their permanent teeth may have white spots. Using no more than a pea-sized amount of toothpaste with fluoride can help keep this from happening.
5. **True.** Children usually do not have the skill to brush their teeth well until around age 4 or 5. Parents should brush their young child's teeth thoroughly twice a day until the child can handle the toothbrush alone.
6. **False.** Fluoride mouth rinses have a high concentration of fluoride. Children younger than 6 years should not use fluoride mouth rinses unless the child's doctor or dentist recommends it. Young children tend to swallow rather than spit, and swallowing too much fluoride before age 6 may cause the permanent teeth to have white spots.





February is American Heart Month and National Children's Dental Health Month.

# Calendar of Events



**February 13** Epilepsy in the Elderly: Quality of Life Issues, 2-4 p.m. Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



**February 27** Responding to Sept. 11 and the Anthrax Threat: The NYC Experience, 12 noon-1:30 p.m. For more information contact Dr. Mike Maetz, (205) 934-7074.



**February 28** Alabama Board of Nursing Update, 8:30-10 a.m. For more information contact Fay Smith, (334) 206-5655.



**March 7** ADPH Statewide Staff Meeting, 3-4 p.m. For more information contact Jim McVay, Dr.P.A., (334) 206-5600.



**March 13** Diabetes Across the Generations, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



**April 3** Home Health Aide and Home Attendant Continuing Education, 2-4 p.m. For more information contact Brenda Elliott, (334) 347-2664, extension 402.



**April 9** Cultural Competencies. For more information contact Gwen Lipscomb, (334) 206-5655.



**April 10** Lung Cancer, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.



**April 23** Alabama WIC Farmers Market Nutrition Program, 1-3 p.m. For more information contact Richard Burleson, (334) 206-2929.

**April 25-26** "Public Health: Learning from the Past - Planning for the Future," Alabama Public Health Association 46th Annual Educational Conference, Mobile Convention Center, Mobile.



**May 8** Current Reproductive Health Issues for Nurses, 2-4 p.m., Public Health Staff Development. For more information contact Fay Smith, (334) 206-5655.

